

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09800609

FILING DATE

03/07/09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1						51					
2		1					52					
3		1					53					
4	1						54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10	1						60					
11		1					61					
12		1					62					
13	1						63					
14		1					64					
15		1					65					
16		1					66					
17							67					
18							68					
19							69					
20							70					
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25							75					
26							76					
27							77					
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33							83					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	16						TOTAL CLAIMS					